

# COPY

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)**

To: Department of Alcoholic Beverage Control

1901 Broadway

Sacramento, Calif. 95818

Stockton

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for  
licenses described as follows;**2. NAME(S) OF APPLICANT(S)**

NGUYEN, Phuc Thien

**1. TYPE(S) OF LICENSE(S)**ON SALE BEER AND WINE  
EATING PLACE

FILE NO.

RECEIPT NO.

GEOGRAPHICAL

CODE 3902

Date  
Issued

Temp. Permit

Applied under Sec. 24044 ☐

Effective Date: When Trfd

Effective Date:

**3. TYPE(S) OF TRANSACTION(S)**

FEE

LIC.  
TYPE

Per to Per

\$

150.00

41

**4. Name of Business**

Pizza World

**5. Location of Business—Number and Street**

550 S. Cherokee Rd.

City and Zip Code

Lodi 95240

County

San Joaquin

TOTAL

\$

150.00

**6. If Premises Licensed,  
Show Type of License**

41

**7. Are Premises Inside  
City Limits?**

Yes

**8. Mailing Address (if different from 5)—Number and Street**

Same

Perm

**9. Have you ever been convicted of a felony?**

No

**10. Have you ever violated any of the provisions of the Alcoholic  
Beverage Control Act or regulations of the Department per-  
taining to the Act?**

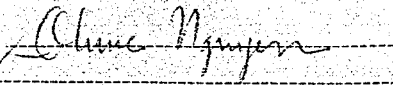
No

**11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.****12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee; and  
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-29-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT  
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-29-88

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

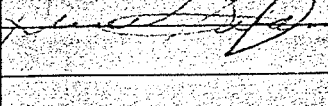
**16. Name(s) of Licensee(s)****17. Signature(s) of Licensee(s)****18. License Number(s)**

William KEARNS, JR.



41-191220

June SWANSON



"

**19. Location**

Number and Street

City and Zip Code

County

Same

**Do Not Write Below This Line; For Department Use Only**Attached: ☒ Recorded notice,  
☐ Fiduciary papers,  
☐

COPIES MAILED 3-29-88

☐ Renewal: Fee of Paid at

Office on

Receipt No.

RECEIVED

1988 MAR 31 AM 10:26

ALICE M. REINICHE  
CITY CLERK  
CITY OF LODI

OF SEPTEMBER 1987

88-45-5-1000

AMOUNT TO BE PAID

FOR THE CITY OF LODI

88-45-5-1000

AMOUNT TO BE PAID

AMOUNT TO BE PAID

*[Handwritten signature]*

AMOUNT TO BE PAID

AMOUNT TO BE PAID